



We help the world breathe

PULMONARY • CRITICAL CARE • SLEEP

*American Journal of Respiratory
and Critical Care Medicine®*

*American Journal of Respiratory
Cell and Molecular Biology®*

*Proceedings of the American
Thoracic Society®*

J. RANDALL CURTIS, MD, MPH
President

DEAN E. SCHRAUFNAGEL, MD
President-Elect

JO RAE WRIGHT, PhD
Immediate Past President

NICHOLAS S. HILL, MD
Vice President

MONICA KRAFT, MD
Secretary-Treasurer

STEPHEN C. CRANE, PhD, MPH
Executive Director

Landon King, M.D.

Director, Pulmonary and Critical Care Medicine
Johns Hopkins School of Medicine
Baltimore, MD

**STATEMENT OF
THE AMERICAN THORACIC SOCIETY
submitted to**

**THE HOUSE LABOR, HEALTH AND HUMAN SERVICES, AND
EDUCATION APPROPRIATIONS SUBCOMMITTEE**

on the

**FISCAL YEAR 2011 LABOR, HEALTH AND HUMAN SERVICES, AND
EDUCATION APPROPRIATIONS BILL**

May 12, 2010

**Department of Health & Human Services
National Institutes of Health
Centers for Disease Control & Prevention
Lung Disease**

SUMMARY: FUNDING RECOMMENDATIONS (in millions \$)

National Institutes of Health	\$35,000
National Heart, Lung & Blood Institute	\$3,514
National Institute of Allergy & Infectious Disease	\$5,395
National Institute of Environmental Health Sciences	\$779.4
Fogarty International Center	\$78.4
National Institute of Nursing Research	\$163
Centers for Disease Control and Prevention	\$8,800
National Institute for Occupational Safety & Health	\$364.3
Asthma Programs	\$70
Div. of Tuberculosis Elimination	\$220.5
Chronic Disease Prev. & Health Promotion: COPD	\$3
Office on Smoking and Health	\$280
National Sleep Awareness Roundtable (NSART)	\$1

61 Broadway, 4th/28th Floors
New York, NY 10006 - 2755
P. (212) 315 - 8600
F. (212) 315 - 6498
www.thoracic.org

ATS 2010 • International Conference • May 14 – 19 • New Orleans, Louisiana

The American Thoracic Society (ATS) is pleased to submit our recommendations for programs in the Labor Health and Human Services and Education Appropriations Subcommittee purview. The American Thoracic Society, founded in 1905, is an independently incorporated, international education and scientific society that focuses on respiratory and critical care medicine. With approximately 18,000 members who help prevent and fight respiratory disease around the globe, through research, education, patient care and advocacy, the Society's long-range goal is to decrease morbidity and mortality from respiratory disorders and life-threatening acute illnesses.

LUNG DISEASE IN AMERICA

Diseases of breathing constitute the third leading cause of death in the U.S., responsible for one of every seven deaths. Diseases affecting the respiratory (breathing) system include chronic obstructive pulmonary disease (COPD), lung cancer, tuberculosis, influenza, sleep disordered breathing, pediatric lung disorders, occupational lung disease, sarcoidosis, asthma, and critical illness. The death rate due to COPD has doubled within the last 30 years and is still increasing, while the rates for the other three top causes of death (heart disease, cancer and stroke) have decreased by over 50%. The number of people with asthma in the U.S. has surged over 150% since 1980 and the root causes of the disease are still not fully known.

In recognition of the rising global burden of lung disease and the need for increased awareness and action to promote lung health, the ATS, in conjunction with the Federation of International Respiratory Societies, has declared 2010 to be the Year of the Lung. Throughout 2010, the ATS will be sponsoring a series of congressional briefings and other events to raise lung disease awareness.

National Institutes of Health

The ATS deeply appreciates the \$10 billion in supplemental funding provided for the NIH in the American Recovery and Reinvestment Act. This funding has sustained NIH support for groundbreaking research into diseases like COPD and asthma that affect millions of Americans. It is critical that this reinvestment in biomedical research is reinforced through annual budget increases that permit the NIH to respond to public health needs. **We ask the subcommittee to provide \$35 billion in funding for the NIH in FY2011.**

Despite the rising lung disease burden, lung disease research is underfunded. In FY09, lung disease research represented just 20.4% of the National Heart Lung and Blood Institute's (NHLBI) budget. Although COPD is the fourth leading cause of death in the U.S., research funding for the disease is a small fraction of the money that is invested for the other three leading causes of death. In order to stem the devastating effects of lung disease, research funding must continue to grow.

CRITICAL CARE

The burden associated with provision of care to critically ill patients is enormous, and is anticipated to increase significantly as the population ages. Investigation into diagnosis, treatment and outcomes in critically ill patients should be a high priority, and the NIH should be encouraged and funded to coordinate investigation related to critical illness in order to meet this growing national imperative.

Centers for Disease Control and Prevention

In order to ensure that health promotion and chronic disease prevention are given top priority in federal funding, the ATS supports a funding level for the Centers for Disease Control and Prevention (CDC) that enables it to carry out its prevention mission, and ensure an adequate translation of new research into effective state and local public health programs. We ask that the CDC budget be adjusted to reflect increased needs in chronic disease prevention, infectious disease control, including TB control to prevent the spread of drug-resistant TB, and occupational safety and health research and training. **The ATS recommends a funding level of \$8.8 billion for the CDC in FY2011.**

COPD

COPD is the fourth leading cause of death in the United States and the third leading cause of death worldwide, yet the disease remains relatively unknown to most Americans. COPD is the term used to describe the limitation in breathing due mainly to emphysema and chronic bronchitis. CDC estimates that 12 million patients have COPD; an additional 12 million Americans are unaware that they have this life threatening disease.

Today, COPD is treatable but not curable. The ATS feels that resources committed to COPD for research and education are not commensurate with the impact the disease has on Americans. According to the NHLBI, COPD costs the U.S. economy an estimated \$37 billion per year. We recommend that the subcommittee encourage NHLBI and other NIH institutes to devote additional resources to finding improved treatments and a cure for COPD. The ATS commends the NHLBI for its leadership on educating the public about COPD through the National COPD Education and Prevention Program. As this initiative continues, we encourage the NHLBI to maintain its partnership with the patient and physician community.

CDC also has a role to play in this work. To address the increasing public health burden of COPD, we encourage the creation of a CDC COPD program at the Center for Chronic Disease Prevention and Health Promotion, and request **an appropriation of \$3 million in FY11 for this program.** We are hopeful that the program will include development of a national COPD response plan, expansion of data collection efforts and creation of other public health interventions for COPD, and that the CDC be encouraged to add COPD-based questions to future CDC health surveys, including the National Health and Nutrition Evaluation Survey (NHANES), the National Health Information Survey (NHIS) and the Behavioral Risk Factor Surveillance Survey (BRFSS).

TOBACCO CONTROL

Cigarette smoking is the leading preventable cause of death in the U.S., responsible for one in five deaths annually. The ATS congratulates the President and the Congress for enactment of the Family Smoking and Tobacco Prevention Act and looks forward to working to fully implement and fund this historic public health law. The CDC's Office of Smoking and Health coordinates public health efforts to reduce tobacco use. In order to significantly reduce tobacco use within five years, as recommended by the subcommittee in FY2010, the ATS recommends \$280 million in funding for the Office of Smoking and Health in FY2011.

PEDIATRIC LUNG DISEASE

Lung disease affects people of all ages. The ATS is pleased to report that infant death rates for various lung diseases have declined for the past ten years. In 2006, about one in five deaths in children under 1 year of age was due to a lung disease. It is also widely believed that many of the precursors of adult respiratory disease start in childhood. The ATS encourages the NHLBI to continue with its research efforts to study lung development and pediatric lung diseases.

ASTHMA

The ATS believes that the NIH and the CDC must play a leadership role in assisting individuals with asthma. National statistical estimates show that asthma is a growing problem in the United States. Approximately 22.2 million Americans currently have asthma, including 7 million children. African Americans have the highest asthma prevalence of any racial/ethnic group. The age-adjusted death rate for asthma in the African-American population is three times the rate in whites. **The ATS recommends an FY2011 funding level of \$70 million for the CDC's asthma program.**

SLEEP

Sleep is an essential element of life, but we are only now beginning to understand its impact on human health. Several research studies demonstrate that sleep-disordered breathing and sleep-related illnesses affect an estimated 50-70 million Americans. The public health impact of sleep illnesses and sleep disordered breathing is still being determined, but is known to include increased mortality, traffic accidents, lost work and school productivity, cardiovascular disease, obesity, mental health disorders, and other sleep-related comorbidities. Despite the increased need for study in this area, research on sleep and sleep-related disorders has been underfunded. **The ATS recommends a funding level of \$1 million in FY11 to support activities related to sleep and sleep disorders at the CDC, including for the National Sleep Awareness Roundtable (NSART), surveillance activities, and public educational activities.** The ATS also recommends an increase of funding for research on sleep disorders at the National Center for Sleep Disordered Research (NCSDR) at the NHLBI.

TUBERCULOSIS

Tuberculosis (TB) is the second leading global infectious disease killer, claiming 1.8 million lives each year. It is estimated that 9-14 million Americans have latent tuberculosis. Drug-resistant TB poses a particular challenge to domestic TB control owing to the high costs of treatment and intensive health care resources required. Treatment costs for multidrug-resistant (MDR) TB range from \$100,000 to \$300,000. The global TB pandemic and spread of drug resistant TB presents a persistent public health threat to the U.S.

Despite declining rates, persistent challenges to TB control in the U.S. remain. Specifically: (1) racial and ethnic minorities continue to suffer from TB more than majority populations; (2) foreign-born persons are adversely impacted; (3) sporadic outbreaks/clusters occur, outstripping local capacity; (4) continued emergence of drug resistance threaten our ability to control TB; and (5) there are critical needs for new diagnostics, treatment and prevention tools.

In recognition of the need to strengthen domestic TB control, the Congress passed the Comprehensive Tuberculosis Elimination Act (CTEA, P.L. 110-392) in 2008. This historic legislation revitalized programs at CDC and the NIH with the goal of putting the U.S. back on the path to eliminating TB. The new law also authorizes an urgently needed reinvestment into new TB diagnostic, treatment and prevention tools. **The ATS, recommends a funding level of \$220.5 million in FY 2011 for CDC's Division of TB Elimination, as authorized under the CTEA,** and encourages the NIH to expand efforts, as requested under the CTEA, to develop new tools to reduce the rising global TB burden, including faster diagnostics, new therapies, and an effective vaccine.

FOGARTY INTERNATIONAL CENTER

The Fogarty International Center (FIC) at NIH provides training grants to U.S. universities to teach AIDS treatment and research techniques to international physicians and researchers. Because of the link between AIDS and TB infection, FIC has created supplemental TB training grants for these institutions to train international health care professionals in the area of TB treatment and research. These training grants should be expanded and offered to all institutions. **The ATS recommends Congress provide \$78.4 million for FIC in FY2011, which would allow expansion of the TB training grant program from a supplemental grant to an open competition grant.**

RESEARCHING AND PREVENTING OCCUPATIONAL LUNG DISEASE

The National Institute of Occupational Safety and Health (NIOSH) is the sole federal agency responsible for conducting research and making recommendations for the prevention of work-related diseases and injury. **The ATS recommends that Congress provide \$364.3 million in FY11 for NIOSH to expand or establish the following activities:** the National Occupational Research Agenda (NORA); tracking systems for identifying and responding to hazardous exposures and risks in the workplace; emergency preparedness and response activities; and training medical professionals in the diagnosis and treatment of occupational illness and injury.

CONCLUSION

Lung disease is a growing problem in the U.S. It is this country's third leading cause of death. The level of support this subcommittee approves for lung disease programs should reflect the urgency illustrated by these numbers. The ATS appreciates the opportunity to submit this statement to the subcommittee. Please contact Nuala Moore, Sr. Legislative Representative, at NMoore@thoracic.org, or 202.296.9770 for more information.